

<i>SERFF Tracking Number:</i>	<i>LDDX-125577342</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Old Republic Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>#? \$?</i>
<i>Company Tracking Number:</i>	<i>GL AR01894CGF01</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Old Republic Independent GL Forms</i>		
<i>Project Name/Number:</i>	<i>Old Republic Independent GL Forms /GL AR01894CGF01</i>		

## Filing at a Glance

Companies: Old Republic Insurance Company, Old Republic General Insurance Corporation

Product Name: Old Republic Independent GL SERFF Tr Num: LDDX-125577342 State: Arkansas

Forms

TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: #? \$?

Made/Occurrence

Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: GL AR01894CGF01 State Status: Fees verified and received

Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding

Author: SPI ORChicago Disposition Date: 04/01/2008

Date Submitted: 03/25/2008 Disposition Status: Accepted For Informational Purposes

Effective Date Requested (New): 01/01/2008

Effective Date Requested (Renewal):

Effective Date (New):

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: Old Republic Independent GL Forms

Project Number: GL AR01894CGF01

Reference Organization:

Reference Title:

Filing Status Changed: 04/01/2008

State Status Changed: 04/01/2008

Corresponding Filing Tracking Number:

Filing Description:

Old Republic Insurance Company and Old Republic General Insurance Corporation submit for informational purposes only Policyholder Disclosure Notice Of Terrorism Insurance Coverage IL PH 08 12 07 which will be used effective January 1, 2008.

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

SERFF Tracking Number: LDDX-125577342 State: Arkansas  
First Filing Company: Old Republic Insurance Company, ... State Tracking Number: #? \$?  
Company Tracking Number: GL AR01894CGF01  
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability  
Product Name: Old Republic Independent GL Forms  
Project Name/Number: Old Republic Independent GL Forms /GL AR01894CGF01

## Company and Contact

### Filing Contact Information

Jodi Woods, State Filings Analyst jwoods@oldrepublic.com  
307 N. Michigan Avenue (312) 762-4532 [Phone]  
Chicago, IL 60601 (312) 762-4950[FAX]

### Filing Company Information

Old Republic Insurance Company	CoCode: 24147	State of Domicile: Pennsylvania
307 N. Michigan Avenue	Group Code: 150	Company Type:
Chicago , IL 60601	Group Name:	State ID Number:
(312) 762-4800 ext. [Phone]	FEIN Number: 25-0410420	

Old Republic General Insurance Corporation	CoCode: 24139	State of Domicile: Illinois
307 N. Michigan Avenue	Group Code: 150	Company Type:
Chicago, IL 60601	Group Name:	State ID Number:
(312) 762-4500 ext. [Phone]	FEIN Number: 36-6067575	

## Filing Fees

Fee Required? No  
Retaliatory? No  
Fee Explanation:  
Per Company: No

SERFF Tracking Number:	LDDX-125577342	State:	Arkansas
First Filing Company:	Old Republic Insurance Company, ...	State Tracking Number:	#? \$?
Company Tracking Number:	GL AR01894CGF01		
TOI:	17.0 Other Liability - Claims Made/Occurrence	Sub-TOI:	17.0001 Commercial General Liability
Product Name:	Old Republic Independent GL Forms		
Project Name/Number:	Old Republic Independent GL Forms /GL AR01894CGF01		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Edith Roberts Informational Purposes		04/01/2008	04/01/2008

<i>SERFF Tracking Number:</i>	<i>LDDX-125577342</i>	<i>State:</i>	<i>Arkansas</i>
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<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Old Republic Independent GL Forms</i>		
<i>Project Name/Number:</i>	<i>Old Republic Independent GL Forms /GL AR01894CGF01</i>		

## Disposition

Disposition Date: 04/01/2008

Effective Date (New):

Effective Date (Renewal):

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

<b>Overall Rate Information for Multiple Company Filings</b>	
<b>Overall Percentage Rate Indicated For This Filing</b>	0.000%
<b>Overall Percentage Rate Impact For This Filing</b>	0.000%
<b>Effect of Rate Filing-Written Premium Change For This Program</b>	\$0
<b>Effect of Rate Filing - Number of Policyholders Affected</b>	0

SERFF Tracking Number: LDDX-125577342 State: Arkansas

First Filing Company: Old Republic Insurance Company, ... State Tracking Number: #? \$?

Company Tracking Number: GL AR01894CGF01

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability

Product Name: Old Republic Independent GL Forms

Project Name/Number: Old Republic Independent GL Forms /GL AR01894CGF01

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Accepted for Informational Purposes	Yes
Supporting Document	F215	Accepted for Informational Purposes	Yes
Form	Old Republic Insurance Company Policyholder Disclosure Notice of Terrorism Insurance Coverage	Accepted for Informational Purposes	Yes
Form	Old Republic General Insurance Corporation Policyholder Disclosure Notice of Terrorism Insurance Coverage	Accepted for Informational Purposes	Yes

SERFF Tracking Number: LDDX-125577342 State: Arkansas

First Filing Company: Old Republic Insurance Company, ... State Tracking Number: #? \$?

Company Tracking Number: GL AR01894CGF01

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability

Product Name: Old Republic Independent GL Forms

Project Name/Number: Old Republic Independent GL Forms /GL AR01894CGF01

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Accepted for Information al Purposes	Old Republic Insurance Company Policyholder Disclosure Notice of Terrorism Insurance Coverage	IL PH 08	12 07	Disclosure/ New Notice		0.00	IL PH 08 .PDF
Accepted for Information al Purposes	Old Republic General Insurance Corporation Policyholder Disclosure Notice of Terrorism Insurance Coverage	IL PH 08	12 07	Disclosure/ New Notice		0.00	IL PH 08 .PDF



## POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

On December 26, 2007, the Terrorism Risk Insurance Act was extended. Any losses caused by certified acts of terrorism are partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States pays 85% of covered terrorism losses exceeding the statutorily established deductible paid by Old Republic Insurance Company. The premium charged for this coverage is provided below and does not include any charges for the portion of loss that may be covered by the federal government under the Act.

As defined in Section 102(1) of the Terrorism Risk Insurance Act, a certified "act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State and the Attorney General of the United States, to be an act of terrorism. To be certified, the act of terrorism must: 1) be a violent act or an act that is dangerous to human life, property, or infrastructure; 2) have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and 3) have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

You should also know that the Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses in any one calendar year exceeds \$100 billion. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

You have a right to purchase insurance coverage for losses arising from terrorism, as defined in the Act. Unless you elect to purchase the coverage, we will attach an exclusion for Acts of Terrorism, as defined in the Act, to your policy.

### SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE

YOU HAVE THIRTY (30) DAYS TO CONSIDER THIS OFFER OF COVERAGE FOR ACTS OF TERRORISM, AS DEFINED IN THE ACT. FAILURE TO RETURN THIS SIGNED FORM INDICATING AN ELECTION TO PURCHASE TERRORISM COVERAGE, AS DEFINED IN THE ACT, WILL BE DEEMED YOUR REJECTION OF TERRORISM COVERAGE, AS DEFINED IN THE ACT.

**Please indicate your selection by an ☒:**

- ☐ I hereby elect to purchase terrorism coverage for Acts of Terrorism, as defined in the Act, for an \_\_\_\_\_ annual premium of \_\_\_\_\_.
- ☐ I hereby elect to have the exclusion for Acts of Terrorism, as defined in the Act, added to my policy. I understand that I will have no coverage for losses arising from terrorism, as defined in the Act.

Insured: \_\_\_\_\_

Policy Number/Policy Period: \_\_\_\_\_

\_\_\_\_\_  
Policyholder/Applicant's Signature

\_\_\_\_\_  
Print Name/Title

\_\_\_\_\_  
Date



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**Please indicate your selection by an ☒:**

- ☐ I hereby elect to purchase terrorism coverage for Acts of Terrorism, as defined in the Act, for an \_\_\_\_\_ annual premium of \_\_\_\_\_.
- ☐ I hereby elect to have the exclusion for Acts of Terrorism, as defined in the Act, added to my policy. I understand that I will have no coverage for losses arising from terrorism, as defined in the Act.

Insured: \_\_\_\_\_

Policy Number/Policy Period: \_\_\_\_\_

\_\_\_\_\_  
Policyholder/Applicant's Signature

\_\_\_\_\_  
Print Name/Title

\_\_\_\_\_  
Date



<i>SERFF Tracking Number:</i>	<i>LDDX-125577342</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>GL AR01894CGF01</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Old Republic Independent GL Forms</i>		
<i>Project Name/Number:</i>	<i>Old Republic Independent GL Forms /GL AR01894CGF01</i>		

## Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: LDDX-125577342 State: Arkansas  
First Filing Company: Old Republic Insurance Company, ... State Tracking Number: #? \$?  
Company Tracking Number: GL AR01894CGF01  
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability  
Product Name: Old Republic Independent GL Forms  
Project Name/Number: Old Republic Independent GL Forms /GL AR01894CGF01

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty  
**Review Status:** Accepted for Informational Purposes 04/01/2008

**Comments:**

**Attachment:**

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

**Satisfied -Name:** F215  
**Review Status:** Accepted for Informational Purposes 04/01/2008

**Comments:**

**Attachment:**

F215.PDF


## Property &amp; Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
g. SERFF Filing #:		
h. Subject Codes		

<b>3. Group Name</b>	Old Republic Insurance Group				<b>Group NAIC #</b>	0150
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>		
Old Republic Insurance Company	PA	24147	25-0410420			
Old Republic General Insurance Corporation	IL	24139	36-6067575			

<b>5. Company Tracking Number</b>	GL AR01894CGF01
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## Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

<b>6. Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
Jodi L. Woods 307 N. Michigan Avenue Chicago IL 60601	State Filings Analyst	800-621-0365 Ext. 4532	312-762-4950	jwoods@oldrepublic.com
<b>7. Signature of authorized filer</b>				
<b>8. Please print name of authorized filer</b>	Jodi L. Woods			

## Filing Information (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>	17.0 Other Liability - Claims Made/Occurrence			
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	17.0001 Commercial General Liability			
<b>11. State Specific Product code(s) (if applicable) [See State Specific Requirements]</b>				
<b>12. Company Program Title (Marketing Title)</b>	General Liability Program			
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
<b>14. Effective Date(s) Requested</b>	New:	01/01/08	Renewal:	01/01/08
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>16. Reference Organization (if applicable)</b>				
<b>17. Reference Organization # &amp; Title</b>				
<b>18. Company's Date of Filing</b>	03/25/08			
<b>19. Status of filing in domicile</b>	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

## Property & Casualty Transmittal Document

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	GL AR01894CGF01
<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

Old Republic Insurance Company and Old Republic General Insurance Corporation submit for informational purposes only Policyholder Disclosure Notice Of Terrorism Insurance Coverage IL PH 08 12 07 which will be used effective January 1, 2008.

<b>22.</b>	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable.) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<div style="margin-bottom: 20px;"> <b>Check #:</b>  <b>Amount:</b> </div> <div style="text-align: center; margin-top: 100px;"> <b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b> </div>	

\*\*\*Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

**EXPEDITED FILING TRANSMITTAL DOCUMENT  
FOR TERRORISM RISK INSURANCE FORMS AND PRICING**

This page applies to the following state(s) AR

Indicate Type of Filing
<input type="checkbox"/> Filing Related to <i>Certified Losses</i>
<input type="checkbox"/> Filing Related to <i>Non-Certified Losses</i>
<input checked="" type="checkbox"/> Filing Applicable to Both Certified and Non-Certified Losses

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #
Old Republic Insurance Company	PA	0150-24147	25-0410420
Old Republic General Insurance Corporation	IL	0150-24139	36-6067575

**Contact Info for Filer**

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Jodi Woods Old Republic Insurance Company 307 N Michigan Ave Chicago, IL 60601	800-621-0365 ext. 4532	312-762-4950	jwoods@oldrepublic.com

**Filing information**

Line of Insurance (see attachment)	General Liability
Company Program Title (Marketing title) (if applicable)	General Liability Program
Filing Type ** see note below	Form
This application is used with:	General Liability
Effective Date Requested	01/01/08
Filing date	03/25/08
Company Tracking Number	GL AR01894CGF01
Date filing approved in domiciliary state, if applicable	Not Approved

	<u>Component/Form Name /Description/Synopsis</u>	<u>Form # or Rate Page Include edition date</u>	<u>Replacement Or withdrawn?</u>	<u>If replacement, give form # or rate page(s) it replaces</u>	<u>Previous State Filing Number, if required by state</u>
01	Old Republic Insurance Company Policyholder Disclosure Notice of Terrorism Insurance Coverage	IL PH 08 12 07	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
02	Old Republic General Insurance Corporation Policyholder Disclosure Notice of Terrorism Insurance Coverage	IL PH 08 12 07	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		


To be complete, a form filing must include the following:

- A completed Expedited Filing Transmittal Document for each insurer or advisory organization.
- One copy of each endorsement, disclosure form or other policy language, unless the insurer has given an advisory organization authorization to file them on its behalf.
- A copy of the rates, rating systems and supporting documentation.
- The appropriate filing fees, if required.
- A postage-paid, self-addressed envelope **large enough to accommodate the return.**

The insurer(s) submitting this filing certifies that it:

Is in compliance with the terms of the Terrorism Risk Insurance Act, as amended, and the laws of this state;  
and

Is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures.

  
Signature \_\_\_\_\_

Jodi Woods  
Print Name:

State Filing Analyst  
Title: